STATE OF IDAHO DIVISON OF BUILDING SAFETY ELECTRICAL BUREAU 1090 E. WATERTOWER ST. MERIDIAN, ID 83642 (208) 334-2183 dbs.idaho.gov

EMPLOYER'S WORK EXPERIENCE VERIFICATION FORM FOR APPRENTICE REREGISTRATION

Apprentice Name: _		Registration No. A-	
Dates of Verification	n:		
<u>Total hours</u> doing	electrical work for this employ	er for the time period noted abo	ove:
Type of Work:	Residential:	Hrs	
	Industrial:	Hrs	
	Commercial:	Hrs	
		e is inactive or not registered, no of required instruction for that y	
	THIS APPLICATION MUS	T BE SIGNED <i>AND NOTARIZED</i>	
	a violation of state law to knowing recorded in any public office w	ngly procure or offer any false or within the state.	forged instrument to be
requirements of le	• •	nployed by this electrical contr 0, Idaho Administrative Rules,	
Name of Electrical	Contractor/Employer:		
Contractor/Employe	er License No		
Supervising Journe	yman Electrician:		
Supervisor License	No:		
Signature (Superv	rising/Signing Journeyman for	Electrical Contractor License)	
		MPLETED BY A NOTARY PUBLIC	
Subscribed And S	Sworn To Before Me This	Day of	, 20
Notary Signature:	:		
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